

## MARYLAND OFFICE OF HOME ENERGY PROGRAMS

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Your tenant, \_\_\_\_\_, has applied for assistance under the Maryland Energy Assistance Program. Because your tenant's rent payments include the cost of residential heating, the tenant's energy assistance benefit may be paid directly to you as the provider of heat for that residence.

As explained in the attached "Landlord Agreement", if you accept energy assistance benefits for any tenant, you are agreeing to reduce the tenant's rent by the amount of the benefit you have received on his/her behalf. For example, if you receive a \$250 benefit for a tenant whose monthly rent is \$400, that tenant would pay \$150 in rent for one designated month.

Your tenant's Maryland Energy Assistance Program (MEAP) benefit is to be used only to reduce their rent in relation to heating costs. Therefore, the MEAP benefit may not be used toward a security deposit or retained for dwelling damage costs. The enclosed Landlord Agreement states the current rent of the tenant applicant.

Please complete the enclosed form and return it to the Local Administering Agency, within fifteen (15) days of the date of this letter, in the self-addressed envelope provided. Your participation in the program will help us to operate a successful energy assistance program for eligible Maryland residents.

If you have any questions, please call \_\_\_\_\_,

at \_\_\_\_\_.

Sincerely,

[Name and Title of LAA Designee]

## MARYLAND OFFICE OF HOME ENERGY PROGRAMS

I, \_\_\_\_\_, affirm that I am the Landlord (or Landlord's representative) of an applicant for energy assistance who resides in a rental unit at that I manage.

**Please initial the appropriate lines below:**

\_\_\_ I do not wish to participate in the Maryland Energy Assistance Program.

I wish to participate and affirm that heating costs are:

\_\_\_ included in the tenants' rent payments: or,  
\_\_\_ payable as a separate utility charge as billed.

\_\_\_ The tenant's heat is subsidized with the rent (Section 8 HUD--Housing & Urban Development).

\_\_\_ The above named housing unit has been funded through the Department of Housing & Urban Development's Below Market interest Rate Program (BMIR).

\_\_\_ The tenant's rent is subsidized through a State of Maryland program. Please indicate the name of the program. \_\_\_\_\_

**Please circle the fuel type by which heat is provided:** Gas    Electric    Oil    Propane

\_\_\_ I hereby agree to the following:

- 1) If the tenant is determined to be eligible for assistance under the Maryland Energy Assistance Program, a benefit to pay towards heating costs will be sent to me and  
\_\_\_ I will apply the full benefit to any MEAP certified tenant's rent payment(s), reducing the amount owed by the tenant accordingly until the benefit is exhausted.; or,  
\_\_\_ I will apply the full benefit to the utility charge until the benefit is exhausted.  
\_\_\_ In the event of a Liability Offset reduction in the benefit check I understand that the requirements above must be met.

NOTE: Payments issued by the State of Maryland are subject to a Liability Offset. This means that each payment being issued by the State is reviewed for any obligations owed to the State. If found, it will be deducted from the check. Your obligation is still to credit the full amount of the benefit to the tenant.

- 2) I will not apply the tenant's MEAP benefit toward a security deposit or retain OHEP benefit in lieu of dwelling damages.

I will immediately notify the Agency named below should any eligible tenant move from the above address, prior to exhaustion of benefits and return the balance to OHEP.

I will notify the Agency named below if I decide to no longer participate in the Maryland Energy Assistance Program.

**(Landlord Agreement continued)**

**Landlords of roomers/boarders complete this section:**

Current residents of each room may receive one benefit per room. If current residents leave, new tenants may receive a benefit for that room.

NUMBER of rooms being rented: \_\_\_\_\_

CURRENT RESIDENTS of each room. Please list below:

Room #1: \_\_\_\_\_

Room #2: \_\_\_\_\_

Room #3: \_\_\_\_\_

Use additional space if necessary.

I am aware that anyone who knowingly provides false information in connection with the Maryland Energy Assistance Program will be fined not more than \$10,000 or imprisoned not more than five years or both.

\_\_\_\_\_  
Landlord/Company Name

\_\_\_\_\_  
Signature of Landlord or Authorized Representative

\_\_\_\_\_  
Date Signed Telephone Number

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Federal Tax I.D. Number or Social Security Number

Note: This agreement is not valid if a Federal Tax I.D. or Social Security Number is not provided.

OFFICE USE ONLY

Date received: